



WELLNESS PROGRAM PARTICIPATION RECORD

Employee Name: _____

Dept.: _____

Employee Clock Number: _____

ACTIVITY / EVENT	VALIDATION	SIGNATURE OF NURSEPRACTITIONER	DATE
<input type="checkbox"/> Annual Wellness Check-Up and Health Risk Assessment <input type="checkbox"/> Health Risk Assessment Med Analysis Clinic	Submission of test results by personal physician to Med Analysis Clinic (kept in confidential file)	_____	_____
ACTIVITY/EVENT			
<input type="checkbox"/> Smoking Cessation Class <input type="checkbox"/> Attend following class Class (s): _____ *Healthy Living Class (12 weeks) _____ *Diabetes (I'm In Control) (3 classes) _____ *Cardiovascular Class (3 classes) _____ Hypertension (30 min.) _____ Cholesterol (30 min.) _____ Breast Self-Care (30 min. class) _____ Exercise Class (30 min.) _____ *Chronic Disease Self-Management class (6 weeks- 2 hours per Class) <input type="checkbox"/> Participate in a sanctioned Fitness event , i.e., March Dime Walk, Heart Walk, Etc. (counts as 1 Activity per event) <input type="checkbox"/> Participate in a Certified Weight Loss Program (counts as 2 events)	Certificate of completion of Smoking Cessation program. Must provide signed receipt from class sponsor, proof of registration, or certification.		

***Counts as three (3) events**